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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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175	TRANCE			-	Complete if K	nown	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) FEE TRANSMITTAL		Application Number		10/021,088			
		Filing Date		December 19,	2001		
For FY 2005		First Named Inventor		MITSUGU KAMIZURU ET AL.			
Applicant claims small entity status. See 37 C.F.R. 1.27			Examiner Name		Sameh Tawfik		
			Art Unit 3721				
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 03500.016071							
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Oc. 1205							
X Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 Credit any overpayments							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SE	ARCH, AND EXAMINATION FE	ES					
	FILING FEES Small Entity	SEAF	RCH FEES Small Entity	EXA	MINATION FEE Small Entity	S	
Application Type	Fee (\$) Fee (\$)	Fee (\$		Fee(Fees Paid (\$)	
Utility	300 150	500	250	20			
Design Plant	200 100 200 100	100 300	50 150	13 16			
Reissue	300 150	500	250	60			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee(\$) Fee(\$) 25 20 100 360 180							
Total Claims	Extra Claims Fee (\$)	Fee Pa	<u>id (\$)</u>	Multip	ole Dependent Clai	<u>ms</u>	
12 - 20 or H HP = highest number	P = 0 x 0 of total claims paid for, if greate		0	<u>F</u>		ee Paid (\$)	
Indep. Claims	Extra Claims Fee(\$)		Fee Paid (\$)	_			
2 - 3 or HP = 0 x 0 = 0 HP = highest number of independent claims paid for, if greater than 3							
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 							
Total Sheets	Extra Sheets Number	of each ac	lditional 50 or fr	action there	eof Fee (\$) Fee Paid (\$)	
- 100 =	/ 50 =		(round up t	o a whole n	umber) x	=	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other:							
SUBMITTED BY	111						
Signature	1WHO			ation No. ey/Agent)	30,110	Telephone 202-530-1010	
Name (Print/Tyne)	Lawrence A. Stahl					Date: August 10, 2005	



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Sameh Tawfik
MITSUGU KAMIZURU, ET AL.)	
	:	Group Art Unit: 3721
Application No.: 10/021,088)	
	:	Confirmation No.: 8751
Filed: December 19, 2001)	
	:	
For: SHEET FOLDING APPARATUS AND)	August 10, 2005
IMAGE FORMING APPARATUS	:	
HAVING THE SAME)	
M- 21 C4 A		

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed May 23, 2005, Applicants submit the following amendments and remarks.